

# Evaluation Report Brief

## Mayor's Fund to Advance New York City: Connections to Care (C2C)

### What is the community challenge?

National surveys estimate that every year about 20 percent of Americans deal with mental health problems such as depression or anxiety. Among young adults (age 18-25) that figure is even higher, at just over 25 percent. Mental health problems disproportionately affect low-income individuals, racial and ethnic minorities, and those with low English proficiency in comparison to other populations in the United States. Left unaddressed, mental health problems can profoundly affect peoples' lives, from their ability to engage in healthy relationships and secure employment, to their ability to care for themselves physically and emotionally. But obtaining early treatment can be difficult because of a nationwide shortage of mental health care professionals. In New York City alone, the Health Resources Services Administration (HRSA) designated 17 areas as mental health provider shortage areas in 2019.

#### Program At-a-Glance

CNCS Program: Social Innovation Fund

Intervention: Connections to Care

Grantee: Mayor's Fund to Advance New York City

Focus Area(s): Economic Opportunity

Focus Population(s): 1) young adults ages 16 to 24 who are not in school and are not employed; 2) adults age 18 or older who are unemployed or underemployed; 3) parents/primary caregivers who are expecting or who have children up to the age of four.

Community Served: New York City

### What is the promising solution?

The C2C task-shifting model expands the mental health care workforce by pairing lay (non-specialist) staff at community-based organizations (CBOs) in New York City with mental health providers (MHPs) to screen for mental health problems and deliver evidence-based interventions—"C2C skills"—including mental health first aid, motivational interviewing, and psychoeducation. By integrating these skills into regular CBO programming and allowing CBOs to customize processes and procedures within the C2C framework, CBOs are able to deliver evidence-based, client-centered mental health care to participants. For clients with mild symptoms, CBO staff can deliver most C2C skills within typical client interactions, after participating in training, coaching, and supervision activities.

### What was the purpose of evaluation?

The multi-component (impact, implementation, and cost) evaluation of The Mayor's Fund to Advance New York City's C2C program by RAND Health Care began in 2015 and finished in 2020. This brief focuses primarily on the impact evaluation. The impact evaluation measured the effect of the C2C task-shifting approach on CBO clients' access to and utilization of mental health care, mental health symptoms, and outcomes related to other indicators of well-being: employment, education, housing, and incarceration. In order to measure the effect of C2C programming compared to usual CBO programming, the evaluators fielded self-reported questionnaires on C2C clients as well as of a matched comparison group of clients of similar CBOs. Effects measured in this evaluation compared responses from participants at baseline and again at follow-ups six and 12 months later.

### What did the evaluation find?

As a grantee of CNCS Social Innovation Fund, the Mayor's Fund to Advance New York City engaged an independent evaluator, the RAND Corporation, to evaluate the Connections to Care program.

- Overall, the impact evaluation results did not provide evidence of the effectiveness of the C2C model of task-shifting.

- C2C participants did not report greater reductions in barriers to care or greater increases in care utilization than comparison group participants.
- C2C participants did not improve mental health symptoms over the course of six or 12 months compared to comparison group participants, with the exception of a very small potential effect favoring the C2C group in substance use.
- C2C participants did not report better non-mental health outcomes, with the exception of a small effect for employment with C2C participants reporting greater increases in weekly work hours than comparison group participants.
- The results did provide some evidence of benefits of C2C for certain subpopulations and in certain settings.

**Evaluation At-a-Glance**

**Evaluation Design(s):** Quasi-experimental design with propensity-score weighting

**Study Population:** 1) young adults ages 16 to 24 who are not in school and are not employed; 2) adults age 18 or older who are unemployed or underemployed; 3) parents/primary caregivers who are expecting or who have children up to the age of four.

**(Independent) Evaluator(s):** RAND Health Care

**This Evaluation's Level of Evidence\*:** Preliminary

\* SIF and AmeriCorps currently use different definitions of levels of evidence.

### Notes on the evaluation

There are several possible explanations for the lack of evidence of the effectiveness of the C2C model of task-shifting. It may be that C2C lacks efficacy. It may also be that the skills implemented through C2C weren't powerful or intensive enough to result in measurable impacts or that the similar improvements in both the C2C and comparison groups reflected a natural recovery process for both groups. The impact evaluation also began when the program was not yet fully mature. Since the C2C model was novel at the beginning of the 5-year SIF program period, it may have needed more time to develop and realize larger impacts on participants.

### How is Mayor's Fund to Advance New York City using the evaluation findings to improve?

The findings from this evaluation can provide a launching point for further study of C2C and other mental health task shifting interventions. RAND offered several recommendations in response to these impact study findings and findings from the implementation and cost studies that comprise the full evaluation:

1. Design the model with evidence-based content and alternative delivery modes (e.g., telehealth) to reduce barriers to mental health care.
2. Consider replacing or augmenting the original four skills that made up the C2C model (screening, MHFA, MI, PE) with other evidence-based strategies.
3. Examine the role of systemic barriers to implementation and sustainment of the model and other nontraditional mental health delivery models.
4. Invest resources in reducing barriers to care among youth and young adults.
5. Plan for at least an initial 1-year ramp up period and prepare for increasing costs over time until the program gets to scale.
6. Consider the population, setting, and outcomes when determining whether and how to implement the model.
7. Design future evaluations of the effectiveness of task-shifting models to account for individual- and site-level heterogeneity, and to examine mechanisms of change.

The content of this brief was drawn from the full evaluation report submitted to CNCS by the grantee/subgrantee. The section of the brief that discusses evaluation use includes contribution of the grantee/subgrantee. All original content from the report is attributable to its authors.

**To access the full evaluation report and learn more about CNCS, please visit [nationalservice.gov/research](https://nationalservice.gov/research).**

The Social Innovation Fund (SIF), a program of the Corporation for National and Community Service (CNCS), combines public and private resources to grow the impact of innovative, community-based solutions that have compelling evidence of improving the lives of people in low-income communities throughout the U.S. The SIF invests in three priority areas: economic opportunity, healthy futures, and youth development.